For Office Use Only/ Date Stamp

CID #: _____

# Maryland Medical Assistance Program
# Request for Guardian of Person and/or Guardian of Property Allowance

Please complete this form and return with guardianship documentation to the eligibility Case Manager of record/LDSS.

**Medicaid Applicant/Recipient (Ward) Information: (Please Print)**

**Last Name:** _____ **First Name:** _____ **Middle Name:** _____ **Date of Birth:** _____/_____/_____
Month Day Year

**Please choose and complete an option:**

☐ I, _____, am GUARDIAN OF THE PERSON for the individual named above. I hereby request the Guardian Allowance on behalf of my ward.
**Print Name** Proof of guardianship is attached

Guardian Signature: _____ Date: _____/_____/_____
Month Day Year

☐ _____ is GUARDIAN OF THE PERSON for the individual named above and hereby requests the Guardian Allowance on behalf of this ward.
**Organization Name** Proof of guardianship is attached

Representative Signature: _____ Date: _____/_____/_____
Month Day Year

☐I, _____, am GUARDIAN OF THE PROPERTY for the individual named above. I hereby request the Guardian Allowance on behalf of my ward.
**Print Name** Proof of guardianship is attached

Guardian Signature: _____ Date: _____/_____/_____
Month Day Year

☐ _____ is GUARDIAN OF THE PROPERTY for the individual named above and hereby requests the Guardian Allowance on behalf of this ward.
**Organization Name** Proof of guardianship is attached

Representative Signature: _____ Date: _____/_____/_____
Month Day Year

☐I, _____, am GUARDIAN OF PERSON AND PROPERTY for the individual named above. I hereby request the Guardian Allowance on behalf of my ward. Proof of guardianship is attached
**Print Name**

Guardian Signature: _____ Date: _____/_____/_____
Month Day Year

☐ _____is GUARDIAN OF PERSON AND PROPERTY for the individual named above and hereby requests the Guardian Allowance on behalf of this ward. Proof of guardianship is attached
**Organization Name**

Representative Signature: _____ Date: _____/_____/_____
Month Day Year